FEC FORM 2

STATEMENT OF CANDIDACY

1	(a) Name of Candidate (in full)									
١.	Tlaib, Rashida, , ,									
	(b) Address (number and street)	Check if address shapped			2. Condidate's EEC Identification Number					
	680 Delaware #303	☐ Check if address changed			Candidate's FEC Identification Number H8MI13250					
	(c) City, State, and ZIP Code					3. Is Thi		lew	v	Amended
	Detriot		M	4820	2	Stater	ment (N) O R	×	(A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	trict of Candi	date			
	DEMOCRATIC PARTY	House			MI	13				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following nat	med political co	mmittee as m	ny Principal (Campaign Com	mittee for the	year of ele		ction(s).	
	NOTE: This designation should be to (a) Name of Committee (in full)	iled with the ap	propriate offi	ce listed in t	ne instructions.					
	· , , _ , _ , _ , _ , _ , _ , _ , _ , _									
	Rashida Tlaib for Co	ongress								
	(b) Address (number and street) PO Box 32777									
	(c) City, State, and ZIP Code									
					MI	48232	2			
	Detroit				1411	40202	_			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign committe	ee.					
	(a) Name of Committee (in full)									
	The Empowerment	Fund								
	(b) Address (number and street) PO Box 1863									
	(c) City, State, and ZIP Code									
	Indianapolis				IN	46206	3			
	Пианарина				IIN	40200	,			
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is	s true, correc	t and com	plete.	
Si	gnature of Candidate					Date				
	laib, Rashida, , ,			[Elect	tronically Filed]	44/44/00)20			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	The Squad Victory Fund								
	(b) Address (number and street) 611 Pennsylvania Ave SE Num 143								
	(c) City, State, and ZIP Code								
	Washington DC 20003								
	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								